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*Plenary sitting*

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**2026/2586(RSP)**

[8.10.2024]

## **MOTION FOR A RESOLUTION**

further to a debate on specific matters of interest to the EU

pursuant to Rule 167(2) of the Rules of Procedure

on World Cancer Day

2026/2586(RSP)

**Catarina Martins, Anja Hazekamp, Giorgios Georgiou, Sebastian Everding, Valentina Palmisano, Dario Tamburrano, Hanna Gedin, Jonas Sjöstedt, Per Clausen, Estrella Galan, Irene Montero Gil, Isabel Serra Sánchez, Leila Chaibi, Emma Fourreau, Rudi Kennes, Kostas Arvanitis, Damien Carême, Nikolas Farantouris, Elena Kountoura**

on behalf of the Left Group

## European Parliament resolution World Cancer Day 2026/2586(RSP)

*The European Parliament,*

- having regard to Rule 167 of its Rules of Procedure
  - having regard to World Cancer Day, marked annually on 4 February
  - having regard to Article 168 of the Treaty on the Functioning of the European Union (TFEU)
  - having regard to its resolution on Strengthening Europe in the fight against cancer of 16 February 2022
  - having regard to Europe's Beating Cancer Plan
  - having regard to relevant Council conclusions and WHO recommendations on cancer prevention and control
  - having regard to the UN Sustainable Development Goals, in particular Goal 3, on good health and well-being
  - having regard to the Council conclusions on reducing inequalities in cancer prevention and care
  - having regard to the Charter of Fundamental Rights of the European Union, in particular Article 35 on healthcare
  - having regard to the Council Recommendation on strengthening prevention through early detection: a new EU approach on cancer screening replacing Council Recommendation 2003/878/EC
- A. Whereas every year in the EU, 2.7 million people are diagnosed with the disease, and it kills another 1.3 million people (ECIS);
- B. Whereas cancer-related health spending in the EU has doubled since 1995 (from EUR 54 to 120 billion in 2023), reaching 6.9% of total health expenditure in 2023. Whereas by 2050, an increase in the number of cancer cases, linked to population ageing is expected to lead to 59% higher per-capita cancer spending in real terms in EU27 countries<sup>1</sup>.

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<sup>1</sup> [https://www.oecd.org/en/publications/delivering-high-value-cancer-care\\_060869fe-en.html?utm\\_term=pac&utm\\_medium=social&utm\\_content=2-InclusiveGrowth%2C1-Carousel%5BExplainer%5D%2C3-ELS&utm\\_source=facebook](https://www.oecd.org/en/publications/delivering-high-value-cancer-care_060869fe-en.html?utm_term=pac&utm_medium=social&utm_content=2-InclusiveGrowth%2C1-Carousel%5BExplainer%5D%2C3-ELS&utm_source=facebook)

- C. Whereas according to the WHO's International Agency for Research on Cancer (IARC), at least 40 % of all cancer cases could be prevented with effective primary prevention measures. Tobacco use, alcohol consumption, unhealthy diet, obesity, lack of physical activity, endocrine disruptors, environmental exposures, including PFAS, occupational exposures, air pollutants concentrations, ultraviolet radiation exposure, infections (e.g. hepatitis B and C viruses and some types of human papillomavirus) are the main risk factors for cancer.
- D. Whereas, despite progress, significant inequalities persist between and within Member States in prevention, screening, early diagnosis, treatment, survivorship and palliative care.
- E. Whereas according to OECD and Commission report “Delivering high value cancer care” - cancer diagnoses among younger people (age 15-49) have increased more widely among women, meaning that a growing number of people – particularly younger women – are living with a cancer diagnosis that requires treatment and monitoring, placing sustained pressure on health and social care services.
- F. Whereas cancer is one of the leading causes of premature mortality among women globally, with 2.3 million women dying prematurely from cancer each year, of which 1.5 million deaths could be prevented through primary prevention or early detection, and a further 800,000 deaths could be averted if all women had access to optimal cancer care.
- G. Whereas systemic gender inequalities persist in cancer care, research, and policymaking, influencing priorities, funding, and the focus of studies, thereby perpetuating gender disparities in health outcomes.
- H. Whereas rare cancers account for more than one in five cancer diagnoses in the EU and are associated with delayed detection, limited treatment options, scarce clinical expertise and major cross-border inequalities, whereas addressing rare cancers requires strong EU-level coordination, dedicated funding and reinforced European Reference Networks.
- I. Whereas Europe’s Beating Cancer Plan provides a strong framework, but its implementation requires renewed political commitment, funding and coordination.
- J. Whereas the European Parliament adopted its resolution of 16 February 2022 on strengthening Europe in the fight against cancer ((2020/2267(INI)).

1. Marks World Cancer Day on 4 February, expressing solidarity with all patients, survivors, families, healthcare workers and researchers fighting cancer across Europe.

2. Calls on the Commission and the Member States to renew their political commitment to the full implementation of Europe’s Beating Cancer Plan, through the full period of the next EU budget Multiannual Financial Framework (MFF) 2028-2034, ensuring consistency, adequate funding and concrete national action, with annual reporting mechanism and improved transparency on implementation gaps. Calls on the Commission to take due account of Member States’ best practices and experiences as part of its efforts to achieve the targets set out in Europe’s Beating Cancer Plan.

3. Regrets that the new MFF 2028-2034 doesn't have a dedicated Health funding. Calls for a dedicated EU health programme, with a dedicated envelope, to protect public health and support patient and civil society participation in policymaking. Stresses that dedicated funding is necessary to deliver flagship EU health initiatives that require multiannual continuity and implementation capacity, such as Europe's Beating Cancer Plan, which needs predictable investment to translate commitments into delivery on the ground.
4. Calls on the Commission and the Council to recognise health and oncology care as social investment objectives achievable through NRPP investment including support for long-term cancer infrastructure such as vaccination and screening programmes, workforce development, and robust oncology data systems.
5. Stresses the importance of fully integrating gender-related differences into cancer research, prevention, screening, diagnosis and treatment; and encourages the development and implementation of targeted and evidence-based strategies to ensure effective and equitable access to early detection, timely diagnosis and high-quality cancer care.
6. Stresses that paediatric cancer remains a rare but high-burden disease with major survival and access inequalities across Europe; calls on the Commission and the Member States to strengthen EU-level cooperation and funding in paediatric oncology research, data sharing and clinical trials, to boost drug development and access to innovation for children and adolescents with cancer, to strengthen paediatrics and adolescent cancer networks and infrastructures, and to ensure timely cross-border referral to specialised centres through European Reference Networks; to guarantee equitable access to innovative and age-appropriate treatments and diagnostics, and to provide comprehensive long-term follow-up care, including psychosocial, educational and social support for children, adolescents and young adult survivors and their families;
7. Calls for the promotion of geriatric oncology as a branch that deserves special consideration, funding, and needs to be enriched by scientific research to ascertain best treatment and diagnostic methods for elderly patients.
8. Stresses the fact that patients still face many difficulties in accessing quality, public healthcare services; calls, therefore, for the creation of high-quality infrastructures for treatment delivery, based on European guidelines and in line with the most recent scientific evidence.
9. Calls for strengthened mechanisms to facilitate cross-border access to specialised cancer care and clinical trials, particularly for rare and complex cancers, in full alignment with the Cross-Border Healthcare Directive.
10. Reiterates the need to ensure fair, timely and affordable access to oncological medicines and innovative therapies across the Union; notes with concern persistent disparities in patient access between Member States despite EU authorisation, particularly affecting smaller markets; calls on the Commission, in cooperation with Member States, to facilitate voluntary joint procurement where appropriate, promote price transparency in line with national competences, support earlier market entry and address unjustified delays between EMA authorisation and patient access, notably for life-saving cancer treatments.

11. Calls on the Commission to support Member States in achieving the Council Recommendation on cancer screening and the Council Recommendation on vaccine-preventable cancers, with a view to supporting countries in strengthening cancer early detection and prevention.
12. Calls on the Commission to ensure strong alignment and complementarity between Europe's Beating Cancer Plan and any future European disease area actions, including the "Safe Hearts Plan" and Rare diseases.
13. Stresses that achieving targets on cancer prevention, including measures to reduce the exposure to risk factors such as tobacco products, alcohol consumption, environmental contamination, air pollution and exposure to harmful materials and substances, such as carcinogenic, mutagenic and reprotoxic substances, including PFAs and endocrine disruptors, as well as advancing the One Health approach and an exposome agenda are complementary to preventing other Non-Communicable Diseases.
14. Stresses the importance of tackling health-related disinformation and misinformation, particularly regarding cancer prevention, screening, vaccination and treatment; calls on the Commission and the Member States to strengthen evidence-based public communication, support health literacy, and promote cooperation with healthcare professionals, researchers, patient organisations and digital platforms to ensure that citizens have access to reliable, scientifically sound information, while fully respecting freedom of expression.
15. Calls on the Commission to intensify efforts to protect cancer survivors across Europe from financial discrimination, including through the effective promotion of the Right to be Forgotten, and urges Member States to adopt binding legislation to enshrine this right nationally; Insists that the Commission builds on the 2023 Consumer Credit Directive to continue strengthening the right of cancer survivors to be forgotten; Calls on a harmonised framework guaranteeing cancer survivors access to financial services, including mortgages, loans and insurances. Insists that the forthcoming 2026 guidance for financial undertakings be swiftly followed by legislative measures to close remaining gaps, ensuring no cancer survivor faces discrimination due to their medical history.
16. Instructs its President to forward this resolution to the Council, the Commission, the governments and parliaments of the Member States, the relevant international organisations and relevant stakeholders.

